

APR 21 2020

DRUG-FREE WORKPLACE PROGRAM



Tennessee Bureau of Workers' Compensation 220 French Landing Drive, 1B Nashville, TN 37243-1002

Phone: 615-532-1321 FAX: 615-253-5265 Email: DFW.Program@tn.gov

https://www.tn.gov/workforce/injuries-at-work/employers/employers/drug-free-workplace-program.html

DRUG FREE WORKPLACE PROGRAM APPLICATION

- 1. This application must be complete, legible and signed or it will be RETURNED.
2. This application must be resubmitted anytime the employer changes insurance carriers.
3. This form must be submitted to the Bureau. Please include the completed original copy of this form plus one photocopy, a copy of PROOF OF COVERAGE and two pre-addressed, stamped envelopes:
a. One addressed to your Workers' Compensation Insurance Carrier and
b. One addressed to the employer named below.
4. THIS APPLICATION MUST BE RENEWED ANNUALLY.

Circle one: New application Renewal application Changed Insurance Carrier

Company Name HQ Direct, LLC (dba: HireQuest Direct) EIN: 45-0539777
Mailing Address 535 Spence Lane City Nashville State & Zip TN 37210
Business Address 535 Spence Lane City Nashville State & Zip TN 37210
Phone # 615-254-7444 Fax # 615-538-0738 Email corinna@hqdirect.com
Name of Substance Abuse Program Administrator Corinna Baldwin
Nature of Business Temporary, general labor SWS Total # of FT & PT employees 47
Workers' Compensation Insurance Carrier Technology Ins Co.
Lab Certification (circle one): SAMHSA OAP-FUDTAP Other

Name of Testing Laboratory Alere City Metairie State LA ZIP 70053

Name of Medical Review Officer (MRO) Dr. Steven Paschall Phone # 615-883-6962

Have all employees hired prior to the date of this application been provided at least one hour of substance abuse training? Yes (No)
Have all employees hired prior to the date of this application been informed of your company's drug free program policies? Effective date of your program 2012 Yes (No)

Renewal applicants only:

Number of tests performed in past 12 months for each of the following:

Table with 4 columns: Job Applicants, Post work accident, Random (optional), Routine Fitness for Duty, EAP Follow-Up, Reasonable Suspicion. Rows show Total and Positive counts for each category.

Have all employees that have undergone substance abuse training acknowledged, in writing their attendance at that training and the existence of your company's drug free program policies? Yes (No)

I hereby certify that all provisions and requirements of the Tennessee Drug-Free Workplace Program as established by T.C.A. have been met and implemented. (To be signed by all applicants)

Owner/Officer's Signature and title [Signature] Printed name Jolene Dressel Date 4/15/20

Bureau of Workers' Compensation Representative Signature [Signature] Title W. Lance Wharton Accepted Date 4-21-20